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ABSTRACT

This monograph examines issues in the transition of youth with emotional and/or behavioral disorders to adulthood. It describes transition as a process by which youth with disabilities are systematically equipped with skills necessary for realizing valued postsecondary outcomes. The subject of transition is examined within the historical, philosophical, and legal contexts that form the background for model development and best practices. The first chapter examines historical and legal contexts, noting early models of transition planning and services, more recent models, and the decade of transition-related legislation. The transition planning process is the topic of the second chapter and considers developing a vision for the future and the Individualized Education Program focused on transition (Individualized Transition Plan). The third chapter examines institutional barriers to successful transition, including arbitrary institutional boundaries, weak transition plans, discontinuity of care, and inappropriate supports. Comprehensive transition programs are discussed next, including the transition to independence and the Young Adult Transition Program. The fifth chapter covers a model employment program for youth with emotional and behavioral disorders. The final chapter is a summary chapter that identifies essential elements of successful transitions and examines the influence of the Individuals with Disabilities Education Act. (Contains 52 references.) (DB)

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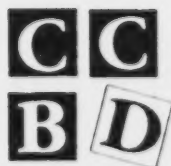
From the Fifth CCBD Mini-Library Series: Meeting the Diverse Needs
of Children and Youth with E/BD: Evidence-Based Programs and Practices

Critical Issues Facing Youths with Emotional and Behavioral Disorders During the Transition to Adulthood

Mary E. Morningstar
Debra Benitez

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& Kristine J. Melloy, *Series Editors*

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About the Council for Children with Behavioral Disorders



Council for
Children with
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CCBD is an international and professional organization committed to promoting and facilitating the education and general welfare of children and youth with behavioral and emotional disorders. CCBD, whose members include educators, parents, mental health personnel, and a variety of other professionals, actively pursues quality educational services and program alternatives for persons with behavioral disorders, advocates for the needs of such children and youth, emphasizes research and professional growth as vehicles for better understanding behavioral disorders, and provides professional support for persons who are involved with and serve children and youth with behavioral disorders.

In advocating for the professionals in the field of behavioral disorders, CCBD (a division of The Council for Exceptional Children) endorses the Standards for Professional Practice and Code of Ethics adopted by the Delegate Assembly of The Council for Exceptional Children in 1983.

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Foreword

Today, we find ourselves in the midst of difficult and uncertain times. Circumstances place some at greater risk than others. For example, a rapidly changing political and economic climate poses threats to children and youths who manifest noncompliance, antisocial behavior, or acting-out behavior. In addition, it is clear that recent federal legislation (i.e., No Child Left Behind and the Individuals with Disabilities Education Act) will have a major impact on the landscape of both general education and special education. Both of these Acts contain a number of positive provisions; however, they also have raised questions among those who serve students identified as *emotionally disturbed*, *behaviorally disordered*, or *emotionally and behaviorally disordered*. The long-term ramifications are difficult to predict, but there is little doubt that there will be far-reaching effects on the preparation of special education personnel, the nature and scope of programs and services they provide, and the specific population of students they serve.

In light of mounting challenges to serving children and youths with emotional and behavioral disorders (E/BD), it is good to know that there are a growing number of practices that have compelling empirical evidence for their effectiveness. The Council for Children with Behavioral Disorders (CCBD) is committed to putting established practices in the hands of its members and supporting efforts to increase the quality of the education and treatment of students with E/BD and their families. The authors of this series discuss in detail a range of evidence-based strategies, procedures, and models that are appropriate for early intervention programs, public and private schools, day and residential treatment programs, correctional

facilities, and other settings in which are students with E/BD are educated.

The following seven volumes comprise the Fifth Mini-Library Series on children and adolescents with E/BD. Their content stems from the 2003 international conference sponsored by the Council for Children with Behavioral Disorders:

- *Critical Issues Facing Youths with Emotional and Behavioral Disorders During Transition to Adulthood* by Mary E. Morningstar and Debra Benitez
- *Inclusive Education for Children and Youths with Emotional and Behavioral Disorders: Enduring Challenges and Emerging Practices* by Beverley H. Johns, Eleanor C. Guetzloe, Editors, and others
- *Differentiating Curriculum and Instruction on Behalf of Students with Emotional and Behavioral Disorders Within General Education Settings* by Carol Ann Davis, Kathleen L. Lane, Kevin Sutherland, Phillip L. Gunter, R. Kenton Denny, Phillip Pickens, and Joseph Wehby
- *Educating Juveniles with Disabilities in Correctional Settings* by Joseph Calvin Gagnon and Matthew J. Mayer
- *Establishing Exemplary Personnel Preparation Programs for Teachers of Students with Emotional and Behavioral Disorders: Partnerships with Schools, Parents, and Community Agencies* by Alec F. Peck, Sandy Keenan, Douglas Cheney, and Richard S. Neel
- *Serving Culturally and Linguistically Diverse Students with Emotional and Behavioral Disorders* by Festus E. Obiakor, Stephen Enwefa, Cheryl Utley, Sunday O. Obi, Nomsa Gwalla-Ogisi, and Regina Enwefa
- *Prevention and Early Intervention for Young Children at Risk for Emotional and Behavioral Disorders* by Maureen A. Conroy, Editor, and others

In putting together this series, we have relied on the knowledge and skill of a diverse group of dedicated professionals, each of whom is directly involved in the education and treatment of children and youths with emotional and behavioral disorders. We are grateful that they were willing to share their time and expertise and are confident that their work will contribute to improving the quality of intervention efforts for these students.

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Series Editors

Introduction

1

In special education, the term *transition* is used to describe a systematic passage from school to adult life for students with disabilities. Transition, in this sense, is seen as a bridge between the security of school and home and the risks and opportunities of adult life (Will, 1984). All adolescents experience stress and need to make adjustments related to this transition; however, those with disabilities often experience more significant difficulties (Peraino, 1993). Among this population of students, those identified as having emotional or behavioral disorders (E/BD) often experience the least successful postschool outcomes. In a comparison across several large-scale studies, Vander Stroep, Davis, and Collins (2000) revealed that youths with E/BD are at much higher risk for poor postschool outcomes than their peers without disabilities. These researchers found that youths with E/BD were 14 times more likely to drop out or not complete school. At ages 18 to 21, they were 4 times more likely to not be engaged in postschool settings (i.e., college, vocational school, employment) and 3 times more likely to be engaged in illegal activity. The rate of unplanned pregnancy among young women was 6 times higher.

One common denominator among adolescents with disabilities making the transition from school to adult life is that, regardless of disability, these students can be considered to have complex support needs, especially with finding and sustaining employment, living independently, and attaining postsecondary education and training (Morningstar, Kleinhammer-Tramill, & Lattin, 1999). Adolescents and young adults with E/BD pose significant educational and service delivery challenges because of their complex support needs. Such

youths typically have poor social skills, chronic mental health problems, and difficulty adjusting to community settings (Clark & Davis, 2000). In addition, they commonly display poor outcomes in social relationships, are at risk for academic failure and high school dropout, and are more likely to have encounters with the juvenile justice system (Malmgren, Edger, & Neel, 1998). Unfortunately, such tribulations experienced while in secondary school settings often produce long-term, negative employment and living consequences well into adulthood. Indeed, according to Vander Stroep and colleagues (2000), "crossing the threshold into adulthood" poses a tremendous problem for youths with E/BD. These authors described the transition experiences and pitfalls for these young people in the following way:

Often they become caught in "snares" that divert them from their quest for full adulthood (Moffitt, 1993). These snares include but are not limited to hospitalization, substance abuse, unplanned pregnancy, and incarceration. Many earnest young adults work successfully at a job or attend college for a period of time, only to be sidelined by a sudden increase in symptoms or an adverse reaction to new circumstances, leading to hospitalization and job loss or school failure (Vander Stroep et al., 2000, pp. 7-8).

In the following chapters, we describe transition as a process by which youths with disabilities are systematically equipped with skills necessary for realizing the valued postsecondary outcomes promised to all secondary school students. In addition, we examine the subject of transition within its historical, philosophical, and legal contexts that form the background for model development and best practices. Finally, we focus on the critical issues facing educators, families, and students with E/BD.

Historical and Legal Contexts

2

The practices and approaches that have been identified as critical elements of transition service provision did not originate with the enactment of the 1990 Individuals with Disabilities Education Act (IDEA). Rather, what we now refer to as *transition services* for youths with disabilities were evident in programs developed during the 1930s for deaf students and in the 1940s for students with mental retardation (Rusch, Szymanski, & Chadsey-Rusch, 1992). It was not until the 1960s, however, that educational and vocational models were developed in a comprehensive manner.

It has been suggested that comprehensive transition techniques have their origins in the work-study programs of the 1960s (Halpern, 1992). Work-study and transition programs share several similar elements, including establishing formal linkages with rehabilitation services (adult agencies), providing vocational instruction, and providing community experiences. However, work-study programs were a collaboration between local state offices of rehabilitation services and local public schools in providing students with mild disabilities an integrated academic, social, and vocational curriculum along with community work experiences aimed at promoting community adjustment and productivity.

Despite the development of promising transition practices for youths with disabilities, those with E/BD continue to lag behind their peers in achieving productive and successful postschool outcomes. Although specific models and practices have been created to address the com-

plex employment needs of young people with E/BD, the most current follow-up research indicates that employment outcomes remain unfavorable (Wagner, Cameto, & Newman, 2003). There appear to be myriad reasons as to why these youths are at such a disadvantage. Some researchers postulate that lack of coordinated services, inaccessible adult services, and poor service policies at the state and local levels are to blame for such poor employment outcomes (Colley & Jamison, 1998; Fabian, 1999; Warner, Cheney, & Pienkowski, 1996). Others have ascribed characteristics such as career immaturity, poor opportunity for choice, and poor problem-solving skills (Bullis & Cheney 1999; Hagner, Cheney, & Malloy, 1999; Owens-Johnson & Johnson, 1999). Across the body of literature, it would appear that researchers are in agreement that the employment reality faced by youths with E/BD is neither welcoming nor promising.

Early Models of Transition Planning and Services

Postschool follow-up studies conducted in the early 1980s pointed to an increasing need for models of serving students with disabilities at the secondary level that would provide educational experiences leading to the attainment of adult outcomes. Research showed (and continues to show) that particular subpopulations of students with disabilities were experiencing particularly dismal postschool outcomes, particularly with regard to gender, ethnicity, and types of disability, such as E/BD (Blackorby & Wagner, 1996). Follow-up studies and analyses conducted both prior to and after the 1990 mandates for transition services have all consistently indicated that adult outcomes for many youths with disabilities remain problematic (Furney, Hasazi, & DeStefano, 1997; Hasazi, Gordon, & Roe, 1985; National Council on Disability, 2000; Ochs & Roessler, 2001).

More Recent Models

Over the past two decades, models of transition planning and services have proliferated, first through federal incentives, and more

recently because of new federal regulations. The first such model was presented by the Office of Special Education and Rehabilitation Services (OSERS). Just "one school generation after guaranteeing the right to a free and appropriate education for all children with disabilities," this new federal transition initiative emerged (Will, 1984, p. 1). The OSERS Bridges model focused exclusively on the transition of students with disabilities from school to employment. Transition was defined as the "bridge between the security and structure offered by the school and the opportunities and risks of adult life" (Will, p. 2). Three types of services for students with disabilities were delineated:

1. *Transition without special services* for students with disabilities who make the transition by relying on their own resources or the generic services available to all students.
2. *Transition with time-limited services* for students with disabilities seeking specialized short-term services in order to secure employment (e.g., vocational rehabilitation services).
3. *Transition with ongoing services* for students with severe disabilities who need ongoing support to sustain employment.

Such federal support resulted in an infusion of discretionary funding for the development of innovative models of transition planning and services. In reaction to the OSERS narrow focus on transition to employment, Halpern (1985) proposed that *community adjustment* (i.e., living successfully in the community) should be the goal of transition programs. Halpern's community adjustment model emphasized transition programs that focused on community living and social and interpersonal networks, as well as employment. This expanded focus on community adjustment considerably enhanced the one-dimensional aspect of the OSERS transition model.

During the past 20 years, due to the ongoing federal support for transition research and program development, an extensive literature base has emerged (Halpern, Lindstrom, Benz, & Nelson, 1991; Kohler, DeStefano, Wermuth, Grayson, & McGinty, 1994; Rusch & DeStefano, 1989). Much of the information regarding models and

best practices, however, has not been well substantiated with empirical evidence of improved outcomes (Greene & Albright, 1995; Johnson & Rusch, 1993; Kohler, 1993). In more recent studies seeking to apply a more rigorous criterion of best practices, Kohler and colleagues have developed a taxonomy of transition practices for students with disabilities (Kohler, 1998).

Emergent models of transition tend to identify specific attributes that serve as a touchstone on which to base transition programs, activities, and planning across all disability categories (Aspel, Bettis, Test, & Wood, 1998; George, Valore, Quinn, & Valisco, 1997; Hagner et al., 1999; Sample, 1998). There appears to be, at minimum, face validity for indicators of effective transition programs (Clark & Kolestoe, 1995). Morningstar and colleagues (1999) summarized specific best practices of transition programs to include:

1. A focus on *community outcomes* when developing curriculum and instruction.
2. The importance of *interagency collaboration* both during planning and in the formal sharing of resources.
3. The necessity of an *individualized method of planning* for transition.
4. The value of *family and support network involvement* in planning and decision making.
5. Opportunities for *student self-determination* and *student involvement* in transition planning.

The Decade of Transition-Related Legislation

From approximately 1980 to 1990, the U.S. Department of Education used discretionary funding to promote transition planning and services. During this decade, a number of model demonstration and research grants were funded. However, wide discrepancies existed among states in their provision of transition services (DeStefano & Wermuth, 1992).

The Individuals with Disabilities Education Act

The 1990 reauthorization of the Education for All Handicapped Children Act, renamed The Individuals with Disabilities Education Act (IDEA), alleviated inconsistencies by mandating that transition planning for students in special education must begin at age 16 or younger when appropriate. This legislation required that transition planning focus on students' postschool outcomes and that these outcomes be achieved through services and supports provided by a variety of agencies, not just the schools.

The 1990 IDEA expanded previous federal special education law regarding how an individualized education program (IEP) was to be developed for a young adult with disabilities. For one thing, IEPs for students with disabilities who were at least 16 years old were now required to include a statement of needed transition services focusing on postschool outcomes (e.g., postsecondary education, vocational education, integrated employment, supported employment, continuing and adult education, adult services, independent living, community participation) and including interagency linkages, if needed. Schools were responsible for ensuring that a range of experiences, services, and supports were available to the student so that he or she could work toward achieving the desired outcomes. Transition services included instruction, community experiences, the development of employment experiences and other postschool adult outcomes, and if appropriate, daily living skills and functional vocational assessment.

In addition, the 1990 IDEA required that the transition plan reflect the needs, preferences, and interests of the young adult with disabilities and that it be developed with input and active participation from the student and family, school staff, relevant adult service agencies, and other community members. Finally, the law stated that other community agencies that may be involved with the student must be included in the transition planning process. This meant that schools needed to develop relationships with community agencies to ensure that certain services were provided to students before they exited high school. While schools were not required to provide all of the needed transition services, they were

responsible for ensuring that identified transition services were provided. Therefore, interagency linkages and coordination were considered to be critical aspects of providing comprehensive transition planning for students with disabilities.

The IDEA 1997 Amendments

The 1997 amendments to IDEA (IDEA '97) reflect the influence of standards-based reform, and, like other education legislation from the mid-1990s, continue to focus on student outcomes. The transition planning requirements found in IDEA '97 lowered the age of identification of students' transition needs to age 14 and the development and implementation of a transition plan for all students with disabilities starting at age 16 (or younger, when deemed appropriate). In addition, IDEA now requires that IEPs show how students with disabilities will address state and local standards and how they will participate in state assessments, in keeping with standards-based reform.

Clearly, the overall intent of these changes in IDEA is to ensure that students with disabilities progress toward the same high standards that other students must achieve and that states' and schools' accountability systems include students with disabilities. The law now clearly specifies that schools must focus attention on outcomes and be responsible for ensuring that a planning process is in place to identify, work toward, and plan for these postschool outcomes. In turn, the effectiveness of these secondary programs may be judged by the success of their students in meeting state and local standards and by their success in postschool life (DeStefano & Wermuth, 1992; Turnbull, Bateman, & Turnbull, 1993).

The 1997 reauthorization of IDEA appears to provide the needed leverage to create secondary school reforms that will ensure successful adult outcomes for students with disabilities. The unique aspects of the law that are the impetus for change in schools include: (a) developing interagency linkages; (b) broadening the scope of curricula and programs to include instruction, related services, community experiences, and employment; (c) increasing performance expectations for students with disabilities in conjunction

h standards-based curriculum and holding states and schools accountable for the postschool outcomes students achieve; (d) involving students, parents, and community agencies in the planning process; and (e) changing the role of many school professionals in the area of service coordination (Morningstar et al., 1999).

Conclusion

Many of the federal initiatives and subsequent mandates are a systematic attempt to resolve the poor economic, social, and education outcomes for young adults with disabilities. Legislation such as IDEA sets in place the minimum compliance requirements for school districts to provide transition planning and services. It is clear, however, that without attention to significant exemplary practices in education and secondary school and adult service reform, the impact of transition services on the lives of young adults with disabilities will be minimal. With this in mind, the next chapter reviews models and best practices of exemplary transition programs for students with E/BD.

3

The Transition Planning Process

Educators involved in the transition planning process must (a) identify preferences, interests, and needs of the student, (b) develop a vision for the future, (c) develop a transition individualized education program (IEP), (d) implement the transition IEP, and (e) evaluate the results.

Identifying Preferences, Interests, and Needs

The best way to identify appropriate preferences, interests, and needs for a student is to develop a process so the student, the student's family, and professionals can gather necessary information and create a vision for the future. This requires focusing on the student's strengths, contributions, interests, and dreams. For students with E/BD and their families, this process may in fact be the first time that the focus is on positive attributes, rather than the traditional focus on deficits. In addition, families and advocates must be made aware of the possibilities for their child. This can be done by (a) exposing children and youths with disabilities to successful role models (i.e., adults with similar disabilities leading interesting lives) and (b) encouraging parents to talk with other parents.

If students with E/BD are to participate fully in the transition planning process, then they must possess the skills and confidence nec-

essary to make decisions about their future. Students must be allowed to directly participate in different work and community activities to make informed choices about their future. In addition, it is critical that students have opportunities to make relevant and important life choices and to learn from their mistakes. Direct instruction and training in choice making and self-advocacy are important, and there are many different curricula available that do this.

Developing a Vision for the Future

Developing a vision of a quality adult life for a student with E/BD directly relates to the postschool outcomes identified in the IEP. Everyone involved should provide their perspectives and priorities. Transition planning teams need to gather information from all stakeholders involved with the transition process (e.g., the student, his or her family, teachers, adult service providers involved with the student and family, friends, and neighbors) and develop the vision for the future based on this input. Using person-centered planning methods is an excellent way to develop a meaningful vision for the future. (See Davis & Clark, 2000, for more specific information on using person-centered planning techniques with students with E/BD during transition.)

Developing a Transition IEP

Goals, objectives, and milestones developed for a student's IEP should link directly to the identified postschool outcomes and should be developed and agreed upon by all members of the planning team, especially the student and family. Goals and objectives should be flexible enough to meet the student's unique needs, particularly if plans do not go as smoothly as anticipated when crises or other issues arise. Goals and objectives that do not specifically relate to one or more of the postschool outcomes should not be included in the IEP.

Implementing the Transition IEP

The IEP is implemented using instruction, related services, community experiences, and, in some cases, functional vocational evaluation. In addition, each IEP for students who are 16 years old may have some interagency linkages and responsibilities. For students with E/BD, the linkages to outside agencies is critical. Many youths with E/BD are involved with the children's mental health system, and the transition to the adult system often comes with a new set of problems, as we discuss next. It is important to document outside agency activities and to follow up to ensure the provision of these services as well as to reconvene the IEP team as needed.

Evaluating Results

As the school year progresses, the IEP team reviews and evaluates the effectiveness of the goals and objectives and determines whether goals are being met in the time frame that was established and whether the goals and instructional techniques are meeting the student's needs. If transition services are not being provided by the agency that agreed to provide them, then it is necessary to reconvene the transition IEP team to determine how such services will be provided. IEP teams may not delete goals and objectives, but they may change the timelines or the responsible person(s). It is not always necessary to reconvene the entire IEP team, but the key individuals involved must meet again. Information from evaluating the IEP is used to both expand it and to think about the next year's IEP.

4

Institutional Barriers to Successful Transition

A critical dimension of successful transition for youths with E/BD is the development of effective school and community supports. Unfortunately, the provision of such services is often erratic and arbitrary. Some of the barriers to transition services identified by Vander Stroep and colleagues (2000) are described in the following section.

Arbitrary Institutional Boundaries

Institutional supports are withdrawn abruptly and often based solely on age. The most extreme examples include the loss of special education or child welfare/foster care services because of aging out of these systems. Under the best of circumstances, school and child service systems actively plan for the transition to adult services; at worst, little planning is done. The adult systems that these youths will transition to (e.g., Social Security, Medicaid, Temporary Assistance for Needy Families (TANF), public housing, mental health services) all have different eligibility and service requirements. Often, youths are "set adrift to navigate the myriad of bureaucracies on their own" (p. 18).

Weak Transition Plans

System-generated transition plans are often weak and ultimately may not be followed. For the most part, the mental health system only intervenes when families have failed in their ability to care for their children. From this orientation, it is difficult to provide supportive planning during major life-cycle transitions. What is needed are transition plans that help youths and families realistically face the limitations of the system of care, identify continuing needs, and make resources available or create new sources of support.

Discontinuity of Care

The conflicts between child and adult service systems is evidenced by changes in eligibility criteria and conflicting service cultures. The *eligibility criteria* for adult services often exclude large numbers of youths diagnosed with E/BD. The adult system of care typically serves individuals with the most severe and chronic conditions (e.g., psychosis, schizophrenia, chronic functional impairments) who typically experience their first onset during early adulthood. The disparity between the *operating cultures* of children's services and adult services is often severe, due in part to federal mandates and resources provided to the children's system. Many of the most innovative and effective practices (e.g., wraparound services, interagency planning, flexible funding, community-based, and family-focused services) currently exist only within children's services.

Inappropriate Supports

Unfortunately, neither the children's mental health system nor the adult services arena effectively provides needed supports for adolescents with ED/BD. On the one hand, children's mental health services often target younger populations, thus failing to prepare adolescents for independent living; on the other hand, the adult systems tend to serve consumers in their mid-30s and 40s who have

developed the essential skills to live independently (e.g., drive, live on their own, support families) prior to becoming debilitated by their illness. The unique developmental needs of adolescents with E/BD are at conflict with the types of services offered within both the child and adult systems.

Lack of Tested Interventions

The surprising lack of validated interventions and the subsequent raising and dashing of hope for success has led many families to mistrust the mental health system. The increasingly depleted morale of families involved with children's mental health, combined with the inappropriate supports available from the adult system, has led to a general lack of expectations, hope, and resilience among families. In addition, adult systems often exclude families not only from participating in therapeutic interventions but also, essentially, from obtaining basic information about their adolescent children.

While the institutional barriers to effective services for youths with E/BD may seem overwhelming, new and effective models that specifically target adolescents have begun to emerge. We highlight several of these models, including models of effective vocational instruction and employment, community and independent living skills instruction, and comprehensive transition programs, in the next chapter.

Comprehensive Transition Programs for Youths with Emotional and Behavioral Disorders

A significant barrier to effective transition for youths with E/BD is the lack of school-based programs that focus on community-relevant skills and experiences. In addition, the lack of coordinated services among community agencies responsible for supporting youths with E/BD further complicates the transition process (Clark et al., 2002). Here we describe two models that take these factors into account.

Transition to Independence Process

The Transition to Independence Process (TIP) system prepares and supports youths and young adults in their movement into adult roles through an individualized process that:

1. teaches community-relevant skills;
2. encourages completion of secondary education;
3. provides exposure to community-life experiences;
4. promotes movements into post-school employment, educational opportunities, living situation, and community life;
5. transcends the age barriers typical of child versus adult services; and
6. respects the self-determination of young persons. (University of South Florida, 2002)

The TIP system adheres to six overarching principles that drive the development and operation of quality transition services for youths with E/BD: (a) providing person-centered planning focusing on the student's interests, strengths, and cultural and family values; (b) providing individually tailored services and supports encompassing all transition domains; (c) ensuring continuity of care with coordinated services and supports; (d) creating safety nets that offer unconditional supports; (e) teaching skills that will equip youths to meet the demands of the adult world; and (f) assessing and tracking progress by focusing on outcomes (Clark, Deschenes, & Jones, 2000). The TIP guidelines allow programs to create individually tailored educational and therapeutic services to students with E/BD and their families so that the students can establish self-control, learn new prosocial behavior, and derive maximum academic benefit from school, thereby promoting a smooth return to home schools or transition into community employment and postsecondary educational settings (Clark, 2003).

Implemented across Florida (see <http://www.fmhi.usf.edu/cfs/policy/tip/projects/tipsites.htm>), the TIP system allows communities to create effective transition programs that are tailored to meet the unique characteristics of community priorities, student populations, and available resources (Clark et al., 2002). Table 1 offers examples of how the TIP system has been implemented at the local level.

To facilitate the development of a community-responsive TIP system, operational procedures have been developed (c.f., Clark et al., 2000; Clark, 2003) including the following:

Table 1
TIP System Guidelines in Action

<i>Program</i>	<i>Demographics</i>	<i>Major Program Elements</i>
School-to-Community Transition at Indian Ridge School	Special school for children and youths with E/BD. The majority of students are low SES. Most students are transitioned back to their home school within 2 to 3 years.	1. <i>Campus-based vocational program</i>—on-site programs include (a) career lab to explore various careers and identify individual career interests; (b) practicum experiences in culinary arts (provide catering services), horticulture, and industrial arts, and (c) employability and entrepreneurship course. 2. <i>Person-centered planning</i>—middle and secondary students involved in person-centered portfolios to record their life and career goals, assessment results, and experiences in the community. 3. <i>Academic component</i>—using "Real Game Series," students and teachers apply academic instruction in real-life situations. 4. <i>Psychosocial component</i>—all students are provided with individual, group and family therapy for peer and family relationships, social problem solving, anger management, etc. 5. <i>Community employment training and experience</i>—students are placed in paid and/or credit practicum work experiences for up to half a day, 3 to 5 days a week.

continues

Table 1 - Continued

<i>Program</i>	<i>Demographics</i>	<i>Major Program Elements</i>
Lake Learning Center—Learning Center Enterprise Program	Special center serving secondary special education students with E/BD who have a history of disruptive and/or aggressive behavior; repeated school failure; poor academic, social, and employment skills; and/or involvement with juvenile justice systems.	1. <i>Integrated curriculum</i>—integrates academic, social, and vocational activities through school- and community-based work experiences. Educational enterprises created to provide opportunities for learning and applying skills. Each enterprise produces and sells products or provides services in the community. 2. <i>Performance incentive system</i>—reinforcement system for academic, social, and employment skill development. Students progress through multiple phases, thereby earning access to greater choices, more responsibility, and increased employment opportunities. The <i>orientation</i> and <i>apprentice</i> phases include academic and employment classes, school-based work experiences, and future-planning process. The <i>shareholder</i> phase allows students to become shareholders in an enterprise, enabling them to receive a paycheck every 2 weeks. Allocation of shares is contingent upon academic and social behavior throughout the week. Students are allowed to participate in community work settings. The <i>senior shareholder</i> phase gives access to specific vocational skill development in the industrial arts area (e.g., learning to use power tools) and increased share acquisitions. The <i>graduate phase</i> gives students the option to return to the public school setting or remain enrolled in the Learning Center and enter the paid employment work-study program.

Table 1 - Continued

<i>Program</i>	<i>Demographics</i>	<i>Major Program Elements</i>
Steps to Success at Vocational/Technical Institute	Students with E/BD and histories of academic, attendance, social difficulties, psychological problems, and/or family difficulties due to poverty, substance abuse, mental or physical abuse, or transience.	1. <i>Clinical component</i>—individual, group, family, and art therapy. 2. <i>Vocational component</i>—school-based programs on campus and in the community including vocational training programs, vocational/ technical tracks available at the institute, school-based job training (e.g., office aide), community-based job training at a nursing home, and part-time employment in the community. 3. <i>Educational component</i>—classes emphasize workplace-relevant academic, independent, and community living skills. Community education counselors provide problem-solving groups focusing on employment or relationship issues and social problem-solving strategies. 4. <i>School-to-career transition</i>—career exploration and individualized futures planning focusing on employment, education, living, and community life adjustment. 5. <i>Community outreach</i>—peer social groups provide parent-supervised activities on the weekends.

Note. This table was developed using information from Clark, H. B. et al. (2002). Transition from school to community: Navigating rough waters. In K. L. Lane, F. M. Gresham, & T. E. O'Shaughnessy (Eds.), *Intervention for children with or at risk for emotional and behavioral disabilities* (pp. 299–316). Boston: Allyn and Bacon.

1. *Establishing a TIP steering committee*—the governing authority serving in an advisory capacity. The steering committee works to identify successes, barriers, and solutions within the TIP system. Steering committee members can educate the community about the TIP system as well as promote support for its goals and resources. The committee also plays an important interagency outreach and coordination role to ensure availability and access to transition services appropriate to youths with E/BD. Membership includes culturally and ethnically diverse representatives as well as representatives from all service agencies interacting with youths (e.g., child and adult mental health, public schools, vocational rehabilitation, juvenile justice, corrections/probation, housing, homeless/runaway centers, postsecondary settings). Consumer and parent advocacy organizations and community leaders from business and other organizations should also be included.

2. *Developing resources*—ensuring that community resources are in place for youths with ED/BD to achieve their goals across the four transition domains (i.e., employment, education, living, community functioning). TIP program personnel often work closely with local businesses to provide internships, training, and employment. Community resource development also allows youths to achieve their educational goals by encouraging them to complete high school and by supporting them to enter and succeed in vocational, community college, and university settings. A critical aspect of community resource development is partnerships with services such as child mental health, adult mental health, vocational rehabilitation, health department, and postsecondary settings, as well as with private-sector business and industry.

3. *Facilitating transition*—transition facilitators act in a coaching style across four areas: (a) strength-based assessment, (b) transition domain planning, (c) coaching and service/support coordination, and (d) community and natural supports. As a youth enters the TIP system, facilitators begin the assessment process by meeting with the youth, reviewing educational and service system records, and meeting with relevant educational and service personnel. Facilitators use a person-centered approach to gather information from key

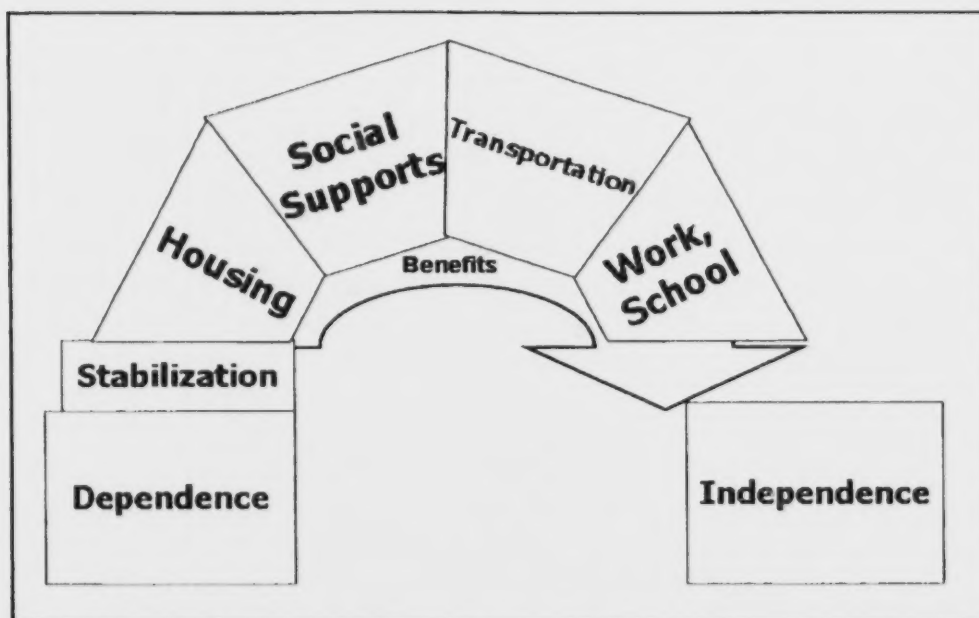
players to gain an understanding of the youth's and family's past and current issues as well as their successes, strengths, and potentials. The second phase incorporates the assessment results into a transition plan focusing on goals within the four transition domains. Transition facilitators play an important therapeutic role by providing coaching and service/support coordination to ensure that the youth's goals are achieved. They are also responsible for tracking progress and providing advocacy. A final role for these staff is mentoring and connecting the youth to natural supports.

The Young Adult Transition Program

Supported by the Johnson County, Kansas, Community Mental Health Center, the Young Adult Transition Program (YATP) came about during the mental health reform and deinstitutionalization efforts of the early 1990s. Begun almost 10 years ago, the YATP started by supporting youths with E/BD disorders and those with severe and persistent mental illness (SPMI) to move from institutions and mental health hospitals back into the community. At first, a traditional adult mental health case management approach was used with these youths. The staff of the ATP quickly realized that this traditional approach was not effective, and the program has evolved and changed over time. For the most part, the youths served by the YATP are aged 17 to 24, are coming out of hospitalization or juvenile custody, or are referred to the program because of severe problems at home or at school.

The YATP as it currently exists can best be described by means of a bridge analogy (see Figure 1). The service coordinator/case manager is the *architect*—the person with the knowledge of the building materials and the resources and techniques to design the bridge. The youth with E/BD or SPMI can be considered the *owner of the bridge* who is responsible for building his or her own structure. When building a bridge, you also need different types of subcontractors with different areas of expertise. The community resources are these subcontractors. The quality of the bridge, and therefore the youth's transition, is directly linked to the effort the youth puts

Figure 1. Johnson County Community Mental Health Center's Young Adult Transition Program



*From: Johnson County Community Mental Health Center, Mission, KS.
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into treatment and development of community supports. Just as an architect, the case manager develops a relationship with the youth to understand how to help and motivate the youth to build the bridge.

The major elements that make up the YATP program include:

1. *Stabilization.* The stabilization process focuses psychiatric services and medication management. Youths experience a grieving process when presented with the reality that they have to take medications. They require support and time to work through this process. It requires buy-in from the young adult as he or she moves from more structured medical services (e.g., medication drop off; medication boxes) to more independent management of medication. When a youth buys in to medication management, it is important for him or her to learn to weigh symptoms versus side effects. Stabilization also includes therapeutic services such as individual counseling, dialectical behavioral therapy (i.e., learning to manage

emotions; requires one group meeting a week and one individual therapy with a 1-year commitment), a wellness recovery action plan (WRAP; a personal plan for identifying how the illness affects daily living and actions required to cope), recovery (i.e., the next step after success with WRAP; goes a step further), and a dual recovery program (for substance abuse with mental illness; often a typical AA program doesn't fit).

2. *Housing.* Stable housing is a critical element of success for youths in this program. In the past, YATP had maintained three group homes for youths but found that this approach was not as successful because it was not a naturally occurring setting and too much responsibility was placed on the staff. The focus has shifted to working with these youths in a variety of living situations, including living at home or living in an apartment. The YATP team uses a variety of independent living, functional skill, and leisure skill assessments. This evaluation provides a gauge as to how ready the individual is to live on his or her own, and helps decide the types of services needed.

The YATP program also has established positive relationships with different landlords in order to maintain different housing options. Just recently, the mental health center's Community Support Services (CSS) started a supportive housing program that has created nearly 300 weekly staff hours for support in maintaining individualized housing. Sometimes and as a last resort, YATP will work with youth who are homeless or in transitional shelters. Under such circumstances, the focus is on stabilizing the youth's living situation.

3. *Social supports.* This phase focuses on the psychosocial aspects of the program. Youths with mental illness often experience a loss or delay in development of social skills with the onset of their illness. Once stabilization has occurred, they need to learn or relearn these skills to develop positive relationships in the community. This is an important element of transition because these community supports lead to long-term independence. Currently, YATP is using a more consumer-controlled model with the creation of a youth council in leadership roles that plan the psychosocial program. Current groups include clinical groups, medication groups, skills teaching

groups (e.g., cooking, money management), and recreation/leisure groups. Special experience and adventure education groups (e.g., canoeing trips, Wilderness Challenge) offer additional therapeutic supports.

4. *Transportation.* This is a critical issue, given that most of the young adults enter the program at age 18 and almost 90% do not have driver's licenses. The county transportation system is limited. It is important for youths to learn how to assess their options for transportation and choose the most independent option available. A transportation options list is created for each client. Options include bicycles, working to get a driver's license, cabs, and public buses. In most places public and private transportation is an option, including transportation services that bill to Medicaid. Case managers develop plans to save and purchase a car. The YATP also accesses the county mental health center's transportation department. In an emergency, the youth's case manager will provide some transportation.

5. *Work and school.* The YATP views work as the most productive therapeutic intervention. Youths commonly hold several jobs during this period in their life. The experiences build a foundation for long-term success. A vocational liaison is assigned to the YATP by a team of vocational counselors working at the Johnson County Mental Health Center. The connections with vocational rehabilitation are also critical. The YATP has just recently created a staff position specifically for the special vocational needs of young adults. Job coaching and/or case management may include taking a client to work so the job coach can help him or her problem solve or process any critical issues related to work. Case managers also access Social Security work incentives as well as offering training to help with volunteer job readiness groups using the Clubhouse model, in which youths learn to fill out applications, develop résumés, practice interviewing, and talk about vocational interests. The YATP also serves as a liaison if the student is attending high school (e.g., attending IEP meetings, crisis intervention) or helps the student to obtain a GED and/or supports him or her in postsecondary settings (e.g.,

assists with Pell Grant applications, acts as liaison with postsecondary disability services office).

6. *Benefits.* When building a bridge, temporary supports are created to allow the workers to construct the permanent pieces. For the YATP bridge, this support consists of benefit programs designed to assist people in their progress toward independence. Case managers access a variety of state and federal funding systems and services when working with youths in the YATP. Benefits include Social Security (i.e., Supplemental Security Income, Social Security Disability Insurance); state general assistance (i.e., food stamps, TANF); public housing programs (e.g., Section 8; tenants to homeowners); state and federal work incentive programs; Medicaid (e.g., Home and Community-Based Services waivers, Pharmaceutical Network of Kansas).

The YATP currently serves 52 young adults with E/BD or SPMI at differing levels of support. Some are on their way to independence in the community with periodic supports, while others are supported more intensively. Because each individual is using different types of supports, the bridge he or she builds is unique. Some require short-term services while they complete one piece, while others spend a few years to build several. The overall vision of the YATP is that these young people will leave the program able to lead the most independent lives possible in their community.

6

A Model Employment Program for Youths with Emotional and Behavioral Disorders

Perhaps because of the work-study programs in schools and the early federal emphasis on the transition to employment, vocational models for youths who are transitioning into adulthood are the most prominent in the field. Unfortunately, it has been difficult to define specific outcomes, promising practices, and uniform instruction across all disability areas (Sample, 1998). This is due, in part, to the need for highly individualized services; changing family and societal demographics; and revolving system policies at the local, state, and federal levels. Furthermore, an inability to link specific variables (e.g., prior work experience or high school diploma) to employment outcomes, less than optimal data-recording methods, and high levels of student attrition only serve to exacerbate these problems. Whatever the case, researchers clearly assert that creating an

empirically sound employment program for youths with E/BD is a daunting task.

There appear to be at least three consistent predictors of successful employment outcomes for young people with disabilities, including those with E/BD: (a) *vocational education* (Aspel et al., 1998; Bullis, Fredricks, Lehman, Paris, Corbit, & Johnson, 1994; Rylance, 1998; Sample, 1998), (b) *interagency collaboration* (Bullis et al., 1994; Hagner et al., 1999; George et al., 1997; Harvey, 2001; Maag & Katsiyannis, 1998; Rusch & Miller, 1998; Sample, 1998), and (c) *paid work experience* (Benz, Lindström, & Yvanoff, 2000; Colley & Jamison, 1998; Horn, Trach, & Hayworth, 1998; Lueking & Fabian, 2000; Maag & Katsiyannis, 1998; Rusch & Miller, 1998). The Work Resource Program is one vocational model that incorporates such critical indicators of success.

Program Overview

The Work Resource Program (WRP) is a youth employment program that operates through Jewish Vocational Service (JVS), a San Francisco-based nonsectarian, not-for-profit organization that offers job seekers the training, resources, and support they need to find and maintain jobs. The WRP began in 1993 to address the need to improve employment opportunities for youths with mild to moderate disabilities. Developed by San Francisco Unified School District (SFUSD) personnel, JVS agency representatives, parents, teachers, and students, the impetus for the WRP program was to provide 9th- and 10th-grade students with disabilities with an integrated, school-based vocational curriculum in combination with community work experiences throughout San Francisco. The WRP offers a continuum of vocational services, including a comprehensive vocational classroom curriculum that integrates classroom and work-based learning experiences, volunteer internships, an 8-week summer career exploration program, short-term work experiences, and summer and school year employment programs. Each year, the core WRP has served approximately 300 young people in the SFUSD.

Soon after the program began, the WRP staff and agency representatives recognized that there was a gap in services for youths with E/BD, who required not only a comprehensive vocational program, but an intensive supported employment component as well. Jewish Vocational Service was awarded a Special Projects grant from the U.S. Department of Education in 1995, and the WRP expanded its scope to provide additional employment services for students with E/BD in the 11th and 12th grades. By 1998, a second Special Projects grant for students with E/BD was underway that enabled the WRP to reach them in a larger and more inclusive capacity.

From 1998 to the present, the Self-Sufficiency Project (SSP) for Youth with Severe Emotional Disabilities, funded by the Special Projects grant, has included an individualized self-sufficiency plan (ISSP), which affords youths the opportunity to self-direct their own employment and career paths. This grant also enables the SSP to offer an 8-week computer skills and work skills course to meet the needs of young people who are interested in advancing their knowledge and increasing their skills in the field of technology.

The core WRP is currently in its 10th year of funding from San Francisco's Department of Children, Youth, and Their Families. The program continues to assist students with learning disabilities and E/BD ages 14 to 23 years. To date, the WRP has assisted more than 2,000 underrepresented young people with disabilities in making a successful and positive transition from school to work.

Classroom Curriculum

The WRP offers a comprehensive 36-week vocational curriculum to youths with E/BD (as well as those with learning disabilities). The curriculum (see Table 2 for an overview) focuses on building and maintaining specific skills in the following areas: (a) career awareness—discovering the world of work and community activities; (b) career exploration—interactions with the work environment and understanding job requirements; (c) career preparation—acquiring vocational and career-related skills; (d) career assimilation—gener-

Table 2
Work Resource Program Vocational Curricula

Career Exploration	☐ Goal Setting ☐ Skills and Interests ☐ Occupations and Job Titles ☐ Career Planning ☐ Guest Speakers ☐ Field Trips
Work Readiness	☐ First Impressions ☐ Getting Ready for Work ☐ Cultural Diversity ☐ Employer Expectations ☐ Workplace Values ☐ Knowing Your Rights
School Year Work Experience	☐ Volunteer Internships ☐ REACH (computer training) ☐ Work Lab (brief paid jobs) ☐ MYEEP (part-time paid jobs)
Job Search Skills	☐ Job Search Resources ☐ Resume Writing ☐ Completing Applications ☐ Business Letters ☐ Interviewing Skills
Life Skills	☐ Communication Skills ☐ Time Management ☐ Problem Solving ☐ Conflict Resolution ☐ Budgeting and Finances
Summer and Full Time Work	☐ Summer Career Exploration ☐ MYEEP (part-time jobs) ☐ REACH (computer training) ☐ Job Placement and Support ☐ WIA Program (out of school youth)

From Benitez, D. (2002, August). *Employment Outcomes for the Self-Sufficiency Project for Youth with SED: 1996-2001*. San Francisco: Work Resource Program of Jewish Vocational Service. Reprinted with permission.

alizing skills from one job to another; (e) vocational assessment—individualized assessment through formal and informal means; and (f) program support and collaboration—developing partnerships between the student, family, school personnel, employers, and community. Vocational specialists provide instruction once a week to students in 18 classrooms throughout the San Francisco community. The WRP vocational curriculum also provides students with integrated instruction in social skills, interpersonal communication, coping and judgment skills, and workplace acclimation, as well as opportunities for problem solving.

Site-Based Work Opportunities

In addition to the vocational instruction, students are also offered real work opportunities based on their interests, needs, and level of experience. The work opportunities are offered through various programs that are directed and supervised by the WRP staff.

Students with less work experience are placed in volunteer positions and/or short-term, 20-hour-a-week “work lab” experiences that offer them the chance to gain exposure to the workplace, explore various career interests, learn workplace skills, and build their résumés. Emphasis is placed on workplace exposure and job preparedness.

Those with more work experience may participate in the Mayor's Youth Employment and Education Program (MYEEP), a 9-month paid internship that places youths in a career area of their choice and instructs them in multiple job skills workshops throughout the duration of their employment. In addition, youths needing less assistance and those with more work experience are offered job counseling and support in finding and maintaining competitive employment.

Conclusion

Regardless of the type of experience, the WRP staff offers extensive support services to youths looking to build their work skills through

job development, job coaching, and/or supported employment opportunities. Once they are admitted to the program, these young people are encouraged to participate in as many work activities as possible to develop the skills they need to feel confident and successful in the workplace. Since the WRP curriculum was created as a continuum of services, the students may utilize any component they need to support their progress in developing higher-level work skills.

A Summing Up

7

It is our belief that transition is best viewed as a process by which students with E/BD learn the skills necessary to achieve valued postschool outcomes. This definition has room for the complexity of issues facing students with E/BD and their families. As history has shown, the transformation to what today we call *transition* is the result of years of research, policy development, and an accumulation of best practices.

By all accounts, those who are most closely involved in the challenges facing America's schools do not consider the preparation of youths with E/BD for the transition to adulthood as static. Each decade has brought renewed focus on the importance of certain components of transition, as well as additional pressures for educators, families, and youths with E/BD in considering how best to prepare them for adult life. Given the environment in which schools are currently operating, especially with the new pressures of academic standards and state and district assessment, it may be time for special educators to closely examine and perhaps realign how we think about and provide transition services.

One common denominator of young people with disabilities (and particularly those with E/BD) who are making the transition to adult life is that they have complex support needs, especially when it comes to finding and sustaining employment, living independently, and attaining postsecondary education and training. The process of transition planning and service provision is moving away from traditional categorical approaches to one that instead focuses on the student's desired postschool outcomes, takes into account the stu-

dent's strengths and interests, and develops transition plans that meet these unique support needs. We feel strongly that this approach would work well for *all* young people preparing to make the transition to adulthood.

Essentials Elements of Successful Transitions

Distilling what we know to be effective practices for transition has never been an easy task; however, there does appear to be agreement as to what the essential elements are that ensure successful transitions. Dimensions of a high-quality transition program that have been described in this monograph specifically for youths with E/BD have *student self-determination* as a cornerstone. An underlying belief in student self-determination is a foundation for school programs tied directly to quality-of-life outcomes (Morningstar et al., 1999).

For students with E/BD, participating in programs with a strong focus on involvement and leadership is critical for success (West, Fetzer, Graham, & Keller, 2000). They should be directly involved in planning for their transition by (a) identifying their own strengths, interests, and needs; (b) making informed decisions regarding their future goals and interests; and (c) being actively involved in developing vocational, educational, and living opportunities (Bullis, Tehan, & Clark, 2000). Often such practices are easier said than done. This is largely related to the issues discussed in Chapter 1 regarding some of the difficulties inherent in being diagnosed with E/BD. However, to achieve their goals, youths with E/BD must be involved to the maximum extent possible with service systems that provide appropriate levels of support and guidance.

Person-centered and individualized planning is central to self-determination in that it offers a perspective on the unique needs and aspirations of students with E/BD. Using person-centered and individualized planning and service approaches are external to the comprehensive transition programs described in Chapter 5. Such an

approach requires transition professionals to successfully engage with youth (Bridgeo, Davis, & Florida, 2000) by using a set of clinical skills to develop a positive and therapeutic relationship. However, individualized planning can only facilitate self-determination to the extent that the individual and those closest to him or her are actively involved in this process. Therefore, educators who are involved in transition must ensure that students and family members do not become disenfranchised from the process.

The *involvement of family and support networks* is at the heart of transition because, ultimately, a student's quality of life depends upon his or her ability to realize personal goals with the support of those who are closest to them. This includes family and other natural supports available to the student. Family involvement is understood to be one of the few consistent factors leading to successful school and adult outcomes (Kohler, 1993; Pleet, 2000). This is particularly true for students with E/BD (Hatter, Williford, & Dickens, 2000). Certainly, transition to adulthood is a time of tremendous change for adolescents and their families, particularly as it influences the student's emergent adult roles and a shift from parent-directed decisions to decisions in which the student takes the lead. Since these new developmental roles may be difficult to achieve, given the circumscribed experiences of youths with disabilities (Vander Stroep et al., 2000), it is clear that they will need ongoing support and guidance from family members and friends during transition (Morningstar, Turnbull, & Turnbull, 1995). Establishing a network of support may in fact be one of the most important features of transition planning in that it will ensure success long after the student leaves school.

The final two essential elements, *focusing on community outcomes* and *interagency collaboration*, are critical components of effective transition programs serving students with E/BD. We must take into account the range of environments in which students are involved and encourage all of the possibilities for participating in continued learning, living arrangements and life-style, recreation, work and career development, and other aspects of citizenship. A key component for youths with E/BD, given their complex support needs, is

coordination and collaboration with a wide range of services and agencies so that they will be supported to achieve their desired adult outcomes. This is evident in the models of the comprehensive transition programs for youths with E/BD highlighted in this monograph in their multiple efforts to develop and maintain strong inter-agency ties. Clearly, a major recommendation of advocates within the field of transition for youths with E/BD is to support collaborative partnerships between and within the systems responsible for transition (Davis & Clark, 2000). This includes establishing close ties among different agencies such as school districts, mental health systems, and child welfare agencies, as well as within the mental health systems, particularly as it relates to building connections between children and systems.

Influence of the Individuals with Disabilities Education Act

The field of transition has grown considerably over the 20 years since it was first identified as a major priority of the Department of Education. Much of the expansion of how we think about transition is due to the emergence of research and the identification of model programs and services for students and their families. Transition, however, like all major educational efforts, does not exist in a vacuum. Societal pressures and priorities have significantly impacted how we provide such services. The regulatory language found in the reauthorization of IDEA reflects a major influence affecting all educational systems, standards-based educational reform. Like other educational legislation from the mid-1990s, IDEA has a renewed focus on student outcomes, particularly on evidence of postschool success for young people with disabilities. In addition, IDEA regulations now are aligned with the central tenets of standards-based reform—focusing on high expectations and holding schools accountable for student outcomes. It is now being argued that high expectations and standards for all students *and* the individualization of goals and instruction are achievable. IDEA offers the necessary bal-

ance between excellence and equity and access to the general curriculum for students with disabilities.

Conclusion

What is the future of transition for youths with E/BD? The answer isn't always clear. A growing body of evidence seems to support the transition programs and practices we addressed in this monograph. However, the field of transition is faced with sometimes new and always challenging pressures. In particular, the challenges facing youths with E/BD must be addressed seriously so that society will not be robbed of an important portion of the next generation of young adults.

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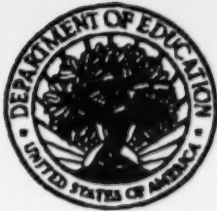
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